

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2014</div> </div>	

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 100.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.75
Purpose of Expenditure Internet for Field Office; 11/1 - 11/4 (estimate)		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		158481.10	

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 10.56	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDT.E.76
Purpose of Expenditure Online Voter Guide; 11/1 - 11/4 (estimate)		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		158481.10	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.56
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 04 / 2014

Signature